

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-011753

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 176Primary Registration District No. 5-65-2Registrar's No. 7

STATE FILE NUMBER

FILED MAR 19 1962

1. PLACE OF DEATH

a. COUNTY

Lawrenceb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Miller Greene Native

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION ResidenceInside Limits
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missourib. COUNTY Lawrencec. CITY OR TOWN MillerInside Limits
Yes ☐ No ☒d. STREET ADDRESS (If outside, give location)
P.R. # 2Reside on Farm
Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

EmerBertBowerman

4. DATE OF DEATH

Month

Day

Year

2-18-1962

5. SEX

Male

6. COLOR OR RACE

White7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

7-21-1886

9. AGE (last birthday)

75

IF UNDER 1 YEAR

Months 6 Days 28

IF UNDER 24 HR

Hours 0 Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10b. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (City and state or country)

Lawrence Co. Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Independence Washington Bowerman

13b. MOTHER'S MAIDEN NAME

Jane Furshed

14. NAME OF HUSBAND OR WIFE

Josie Bowerman15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)NoNone

16. SOCIAL SECURITY NO.

[redacted]

17. INFORMANT

Mrs. Josie Bowerman

Address

Miller Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

acute circulatory failure

INTERVAL BETWEEN ONSET AND DEATH

4 hours

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

ventricular fibrillation

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐SUICIDE ☐HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 9-17-58 to 2-18-62 and last saw him alive on 2-17-62Death occurred at 2:30 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Hugh BakerDO

22b. ADDRESS

Miller, Mo.

22c. DATE SIGNED

2-20-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

2-20-1962

23c. NAME OF CEMETERY OR CREMATORY

Pennsboro

23d. LOCATION (City, town, or county)

N. of Miller

(State)

Mo.

24. FUNERAL DIRECTOR

ADDRESS

Morris Simon Miller Mo.

25. DATE REC'D. BY LOCAL REG.

2-23-62

26. REGISTRAR'S SIGNATURE

W. S. Bunnay

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/5905500550

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129c-2132-1

APR 5 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

~~or by~~ _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed EP. J. Simon

Licensed Embalmer No. 3297

P. O. Address Miller Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.